

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 28 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000007712

1. Corporation Name

SWAP AND SHARE COMMUNITY OUTREACH, INC.

000163978870
12/28/09--01039--004 **253.75

REINSTATEMENT 06-09

2. Principal Office Address - No P.O. Box #

2610 Summit Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

Same as principal

Suite, Apt. #, etc.

City & State

Atlanta, Ga

City & State

Zip

30331

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/2/2003

5. FEI Number

54-2124057

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michelle Lee

Street Address (P.O. Box Number is Not Acceptable)

3301 Northwest 47th Terrace

Suite, Apt. #, Etc.

#403

City

Lauderdale Lakes

State

FL

Zip Code

33319

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michelle Lee

REGISTERED AGENT MUST SIGN

Date 12/21/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Lee, Lorenzo	2610 Summit Parkway	Atlanta, Ga. 30331
VPD	Lee, Ra'Shelle	2610 Summit Parkway	Atlanta, Ga. 30331
SD	Lee, Michelle	3301 N.W. 47th Terrace, #403	Lauderdale Lakes, Fl 33319
S	Wiggins, Ethel	2981 N. W. 7th Court	Ft. Lauderdale, Fl 30331

10. E-mail Address: dr.lorenzolee@swapandshare.org

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/09

Date

Daytime Phone #